

L19000059965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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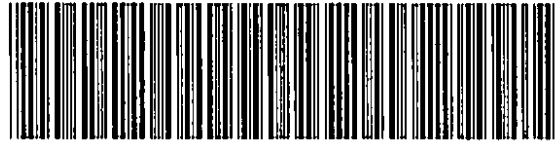
(Business Entity Name)

(Document Number)

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19 MAR 29 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06/11/19

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUPERIOR FENCES & DECKS OF FLORIDA  
LLC Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yevgeniy Zakharov

Name of Person

SUPERIOR FENCES & DECKS OF FLORIDA  
LLC Firm/Company

4950 River Gem Ave. Windermere, FL 34786

Address

City/State and Zip Code

Craft remodel@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zhanna zakharov

Name of Person

at ( 360 ) 521-7457

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee &  
Certificate of Status  
☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SUPERIOR FENCES & DECKS OF FLORIDA

\_\_\_\_\_  
LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 1, 2019 and assigned  
Florida document number L19000059965.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Craft Remodel & Design LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**


Name of New Registered Agent: Zhanna zakharov

New Registered Office Address: 4950 River Gem Ave. Windermere, FL 34786  
Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Yevgeniy Zakharov	_____	<input type="checkbox"/> Add
		4950 River Gem Ave. Windermere, Fl 34786	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	Zhanna Zakharov	4950 River Gem Ave. Windermere, Fl 34786	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

19 MAR 29 11:11 AM  
 OFFICE OF THE  
 CLERK OF THE  
 SUPREME COURT  
 OF THE STATE OF  
 FLORIDA

FILED  
MAR 28 PM 2 11  
TALLAHASSEE, FLORIDA  
19

FILED  
MAR 29 11  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 23, 2019

Signature of a member or authorized representative of a member

Zhanna zakharov

Typed or printed name of signee